**Blood Bank Scope of Service**

# POLICY

1. **Department Mission:**

The mission of the Blood Bank is to efficiently provide its customers with safe, pure, and potent blood products and accurate and timely testing results.

**II. Departmental Scope of Services**

The Blood Bank is a section of the laboratory under the direction of a board-certified physician in anatomic and clinical pathology by the American Board of Pathology. It is a limited-service blood bank providing basic transfusion services as detailed below.

# SCOPE

**TRANSFUSION SERVICES**

A. Products available from the Blood Bank are:

Leukoreduced Red Blood Cells (AS-5)

2 A pos units stored on site

2 O pos units stored on site

2 O neg unit stored on site

Apheresis Red Cells, Leukoreduced (AS-1)

Apheresis Red Cells, Leukoreduced (AS-3)

*Note: Red Blood Cell inventory may vary based upon expiration dates.*

Platelets, apheresis. Available upon request. Not stored on site.

Plasma. Available upon request. Not stored on site.

Rh Immune Globulin

B. Testing services provided are:

* ABO/Rh typing
* Screening for unexpected antibodies
* Compatibility testing-electronic qualification

C. Testing referred to applicable reference laboratory:

* Antibody identification
* Direct Antiglobulin Test
* IS Crossmatch
* AHG Crossmatch
* Antigen typing
* Fetal Maternal Hemorrhage Screen Test
* Kleihauer-Betke (Fetal Maternal Hemorrhage Study)

**III. Departmental Goals**

The service goals of the Blood Bank are to:

1. Provide adequate and medically necessary blood product support to UCHealth patients with acute or chronic disease. The turnaround time goal to provide blood products is 60 minutes for those patients who have a negative antibody screen and no history of a previous identified antibody. Blood product will be delayed for those patients not meeting these requirements as blood products must be made available through our blood provider.

2. Promote and maintain appropriate technology to meet the transfusion service needs of the patient with the most efficient use of resources.

3. Participate in and encourage synergetic efforts within and between hospital departments in the provision of health care.

The quality goals of the Blood Bank are to:

1. Design blood bank processes to maximize efficiency of services and to assure the safety, purity, potency, identity, and effectiveness of Blood Bank products.

1. Standardize all Blood Bank processes in order to assure a predictable outcome of quality products and services.

**IV. Population Served**

All internal and external customers that require transfusion support as part of their prescribed treatment plan.

**VI. Departmental Standards and Practice Guidelines**

The hospital is a College of American Pathologists inspected and accredited facility and is subject to such regulations. We are also subject to any local state and federal regulations.

Departmental policies and procedures are developed based on needs revealed by patient demographics, advances in the industry, changes in regulations, inspection reports, and deficiencies or inadequacies identified in current processes. Audits and systems checks are in place or are being developed as a means to evaluate and modify current processes. A standard operating procedure is in place for implementation of new policies and procedures.

**VII. Departmental Staffing Plans**

Staffing is sufficient to assure that assigned functions are completed, recipient safety is maintained, and blood products procured have the safety, purity, potency, identity, and effectiveness purported.

**VIII. Performance Improvement**

Performance improvement in the Blood Bank is encompassed by laboratory Quality Management Plan. Errors and incidents are tracked. If the occurrence of an error has compromised or has the potential to compromise the safety, purity or potency of blood or components or patient safety, the event is evaluated by the Clinical Laboratory Services Committee. System checks are developed to monitor critical control points in an ongoing, prospective manner to prevent errors and accidents by monitoring system function.

The cumulative effect of the Quality Program will allow the Blood Bank to meet its service and quality goals.

**IX. Medical Director Responsibilities**

 The transfusion medical director will participate at minimum in the following:

1. The development of policies and procedures regarding recipient consent for transfusion/transplantation
2. Establishing criteria for transfusion
3. Reviewing cases not meeting transfusion audit criteria
4. Monitoring transfusion practices

**X. Expected Turnaround Times for Blood Products**

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| **Blood Product** | **Turnaround Time** |
| Antigen-negative RBCs with an unexpected antibody | 6-7 hours |
| Emergency release RBCs | 5 minutes |
| ABO compatible RBCs with no antibody history (both current and past) | 30 minutes |
| Type specific RBCs with no antibody history (both current and past) | 2-3 hours |
| Emergency release plasma | 2-3 hours |
| Type specific plasma | 2-3 hours |
| Platelets (apheresis) | 2-3 hours |